

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-021561**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**5353**

STATE FILE NUMBER

**FILED MAY 27 1963**

**1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in lb  
**22 yrs**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **5527 Lansdowne**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**5527 Lansdowne**

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First **BETTY**

Middle

Last **FISCHER**

4. DATE OF DEATH

Month **5** Day **18** Year **1963**

**5. SEX**

**female**

**6. COLOR OR RACE**

**cauc.**

**7. Married**

☒ Never ☐ Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**

**2-18-1870**

**9. AGE (last birthday)**

**93**

**10. IF UNDER 1 YEAR**

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY  
**at home**

11. BIRTHPLACE (City and state or country)  
**Germany**

12. CITIZEN OF WHAT COUNTRY  
**USA**

**13a. FATHER'S NAME**

**Solomon Hockenhiemer**

**13b. MOTHER'S MAIDEN NAME**

**Fannie UHLMAN**

**14. NAME OF HUSBAND OR WIFE**

**Albert**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **No**

**17. INFORMANT**

Address

**Mrs. Otto Askani 5527 Lansdowne**

**18. CAUSE OF DEATH** (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Generalized arteriosclerosis*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*aging process*

DUE TO (c)

**450.0**

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1951** to **5/18/63** and last saw her/him alive on **5/17/63**.  
Death occurred at **12:50 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or Title)

*J. Allen J. M.D.*

**22b. ADDRESS**

**3915 Watson**

**22c. DATE SIGNED**

**5/18/63**

**23a. BURIAL, CREMATION, REMOVAL (Specify)**

**removal**

**23b. DATE**

**5-20-1963**

**23c. NAME OF CEMETERY OR CREMATORY**

**Mt. Sinai Cem.**

**23d. LOCATION (City, town, or county)**

**Affton, Mo.**

(State)

**24. FUNERAL DIRECTOR**

ADDRESS

**Berger Memorial 4715 McPherson**

**25. DATE RECD. BY LOCAL REG.**

**MAY 20 1963**

**26. REGISTRAR'S SIGNATURE**

*Earl Smith. M.D.*

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**90**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3988

P. O. Address \_\_\_\_\_

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.